

Quick Reference Guide by Service & Product

This information represents requirements for the standard HMO, POS, and PPO products. Products may vary by employer group and state. No guarantee of payment is implied. Use this guide as a quick reference tool, only. Consult the *Provider Manual* for specific product and service requirements or call the Provider Service Center at 800-708-4414, option 5.

SERVICE (R = Referral; N = Notification; A = Authorization)	HMO and In-Network POS	PPO and Out-of-Network POS
Allergy Testing and Treatment (specialist services)	R	none
Ambulance Air or Ground Emergency Transport		none
Ambulance Air—Fixed Wing		A
Artificial Insemination—AI/UI (OB/GYN office setting)	R	none
Assisted Reproductive Technology (ART)		A
Behavioral Health/Substance Abuse (inpatient and outpatient)		A—Call 888-777-4742
Bone Marrow Transplant/Stem Cell Transplant		N
Cardiac Rehabilitation (outpatient)		none
Chiropractic Services		none
Dental Appliances		A
Dialysis (outpatient)		none
Durable Medical Equipment (DME)—contracted vendor/provider	DME items supplied by contracted DME vendors/providers require a physician order.	
Durable Medical Equipment (DME)—non-contracted vendor/provider	E1399 items, including any items supplied to HMO members by non-contracted DME vendors/providers, require authorization.	
Early Intervention		none
Early Maternity Discharge Visit		none
Emergency Dental Care (accidental injury)		none
Emergency Room Services		none
Enteral Formulas		A
Home Dialysis Installation		A
Home Health Care		A
Home Hospice Care		A
Home Infusion		A
Human Organ Transplant		N
Inpatient Consultations		none
Inpatient Medical and Surgical Admissions (emergent/urgent and most elective) See <i>Authorization</i> for exceptions.		N
Laboratory Tests (outpatient)		none
Low Protein Food (state-mandated)		none
Neonatal Intensive Care (immediately following delivery at birth hospital)		none
Neonatal Intensive Care (admit from birth hospital or home)		N
Neonatal Well Care (inpatient)		none
Non-Participating Provider (inpatient/outpatient)—emergent/urgent		N (member responsibility)
Non-Participating Provider (inpatient/outpatient)—elective		A (member responsibility)
Nutritional Counseling		none
Observation Stay		none
Obstetric and Gynecologic Services (outpatient)		none
Obstetrical Admissions		none
Occupational Therapy—initial visit		none
Occupational Therapy—subsequent visits		N
Oral Surgery (hospital-based)		A
Oral Surgery (office-based)	R	none
Oral Surgery—tooth extraction only (office-based)		none
Participating Physician Specialist Services	R	none
PCP Coverage (outside member's local care unit)	R	none
Physical Therapy—initial visit		none
Physical Therapy—subsequent visits		N
Prenatal Care (outpatient)		none
Private Duty Nursing		A
Podiatry/Foot Care	R	none
Professional Component of Inpatient Services (anesthesia excluding anesthesiologist pain management, diagnostic testing, emergency room treatment, radiation treatment)		none
Radiology—CT/CTA, MRI/MRA, PET, Nuclear Cardiology (non-emergent, outpatient)		N—Call NIA 800-642-7543
Radiology— Other Diagnostic Services (outpatient)		none
Rehabilitation Care Admission		A
Routine Physical Exams & Sick Visits by member's PCP		none
Second Opinion	R	none
Speech Therapy—initial visit		none
Speech Therapy—subsequent visits		N
Speech Therapy—subsequent visits, MA only		A
Skilled Nursing Facility Admission		A
Surgical Day Care (including outpatient cardiac catheterization, angiography and abortion) See <i>Authorization</i> for exceptions	none	N—non-participating providers only
Vision (Annual Examination)		none
Vision Hardware for Special Conditions		A
Wheelchair Van		A